

Maryland General Assembly Legislative Bond Initiative Request Form

Sponsor Information

Sponsor Name (*Senator or Delegate*): _____

Sponsor Email: _____

Co-Sponsor (3 max)

Co-Sponsor Name(*Senator or Delegate*) _____

Co-Sponsor Email: _____

Cross File Sponsor Name (*Senator or Delegate*): _____

Cross File Sponsor Email: _____

Project Information

Project Name: _____

Amount Requested: _____

Project County Location: _____

Legal Name of Recipient: _____

(If a corporation, please give name exactly as it appears in the Articles of Incorporation as registered with the State Department of Assessments and Taxation)

Legal Status of Recipient: _____

(e.g., corporation, local government)

If the recipient is a non-governmental entity, is it governed by: _____

If other, please explain: _____

Address of Project and Recipient *(If project and recipient have different address, include both)*

Briefly describe the purpose and reason for the project:

Does the project or recipient have any religious affiliation or involvement? _____

Please list the year of any previous bond bills or initiatives:

Project Contact Information

Name: _____

Address: _____

Phone Number: _____

Email: _____